

3

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
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49						
50						
TOTAL IND.	1					
TOTAL DEP.	5	←	←	←	←	←
TOTAL CLAIMS	5	█	█	█	█	█

IND	DEP	IND	DEP	IND	DEP
51					
52					
53					
54					
55					
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99					
100					
TOTAL IND.					
TOTAL DEP.		←	←	←	←
TOTAL CLAIMS		█	█	█	█